



Implementation of a Pediatric Intensive Care Unit Delirium Guideline

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Introduction

- Delirium – an acute state characterized by an alteration of consciousness with reduced ability to focus, sustain, or shift attention
- Affects 27-67% of patients in pediatric intensive care units (PICUs) nationally
- Often Develops in 1-5 days of hospitalization
- > 4.5 point decrease in health-related quality of life (HRQL) scores, and long term psychosocial symptoms for individuals that experience delirium
- 23.2% increased length of stay, resulting in a 85% increase in PICU cost that increase incrementally every day a child is delirious

Purpose/Aims

- Evaluate the adherence to a delirium prevention, identification and treatment guideline.
- Measure effect of a PICU delirium guideline on delirium rates, opioid and benzodiazepine administration rates

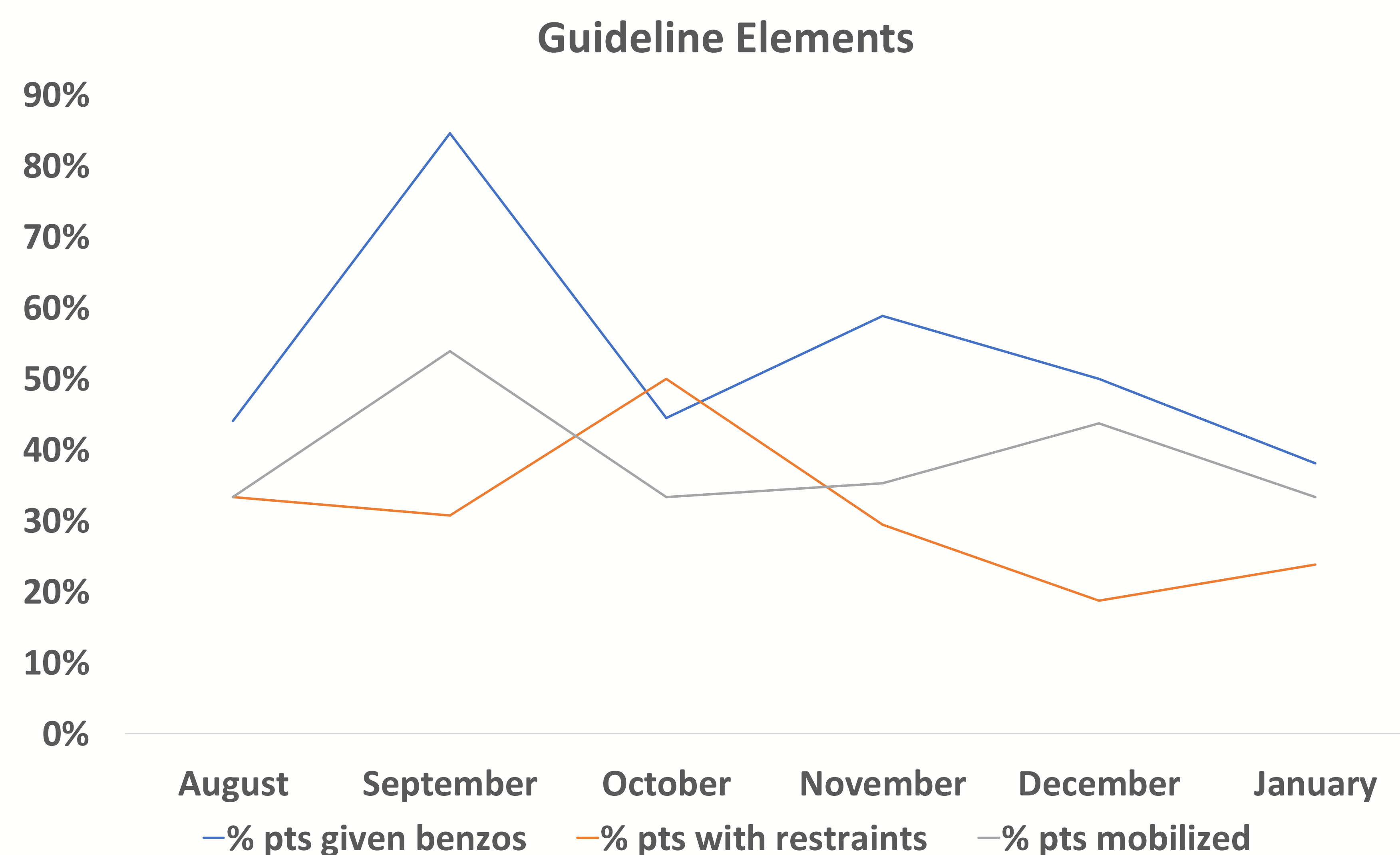
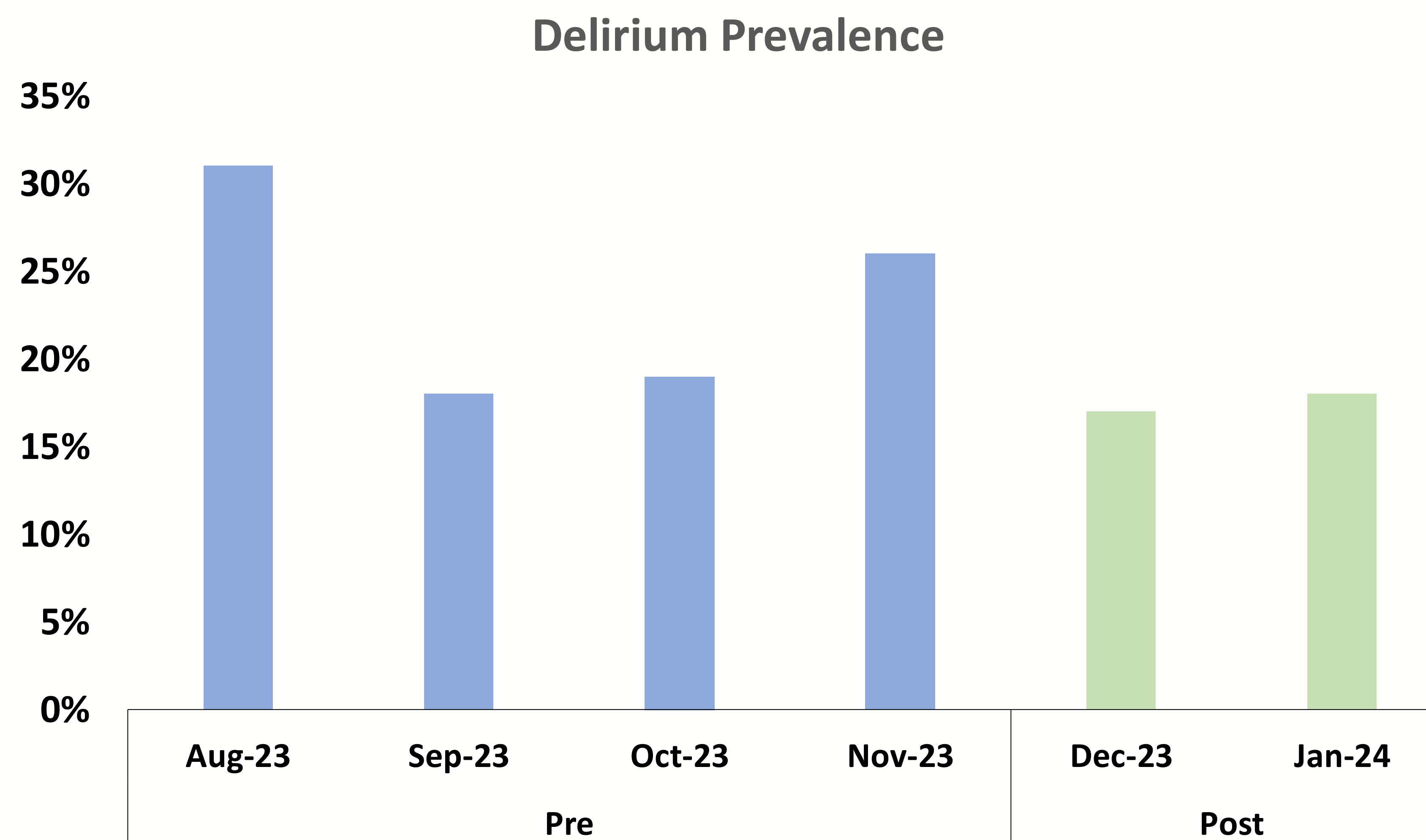
Multidisciplinary Team created protocol

- 3 Tiered Therapy
- Medication flowsheet

Education for all staff RNs

- Skills day
- Routine reminders through weekly staff emails

PICU delirium guideline leads to decrease rates of delirium amongst patients



Discussion

- Post guideline implementation, Delirium rates dropped from 18-31% (pre) vs 17-18% (post).
- Adherence to bundle elements was shown by a marked decrease in the percentage of patients that screened positive for delirium and received benzodiazepines; pre 44-82% vs post 38-59%.
- Decrease in restraints utilized in patients who developed delirium; pre 29-50% vs post 19-24%
- Mobilization of patients who developed delirium decreased: pre being 33-54% vs post 33-24%.

Implications

- One of the first QI projects to evaluate efficacy of a PICU delirium guideline
- A PICU delirium guideline can aid in the prevention of delirium as shown in the decreased use of known risk factors for delirium (i.e. restraints and benzodiazepines) and subsequent decrease in overall delirium rates

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References



Contact Info

